	Connecticut Dep	artmen	it of	Public H	ealth	ιГ)rinki	ng '	Wate	er S	ection		
	Water Qu							0					
PWS ID	PWS Name	alley 1.10			u don	_					vner Type	Primary Sou	rce
CT0900123	COUNTRY CLUB OF NEW (CANAAN (HA	LFWAY	')			NC		25		Р 71	GW	
Local Address (v	vhere applicable)	<u> </u>		Service	Residen	ntia	l Comm	ercial	Indus	strial	Combine	ed Agricultu	ral
95 COUNTRY CL	UB ROAD			Connections			1						
Towns Served: N	NEW CANAAN						l						
		M	onito	ring Requ	ireme	ent	ts						
Water System	Facility: DISTRIBUTION	SYSTEM (\	WSF IE): 00600)									
Total Coliforn	n (3100)									1 r	outine (R	T) per mont	h
Sampling F	Point (Sampling Point ID)				Monitori	ing	Period	Col	lection	Perio	d Com	oliance Statu	S
Select from	n Inventory of Active Sampl	ng Points			5/1/19 - 5/31/19								
					6/1/19 - 6/30/19								
					7/1/19								
					8/1/19								
					9/1/19	- 9/	/30/19						
Physical Para											-	T) per mont	
	Point (Sampling Point ID)			ı	Monitori			Col	lection	Perio	d Com	oliance Statu	S
Select from	n Inventory of Active Sampl	ng Points			5/1/19		-						
					6/1/19								
					7/1/19								
					8/1/19								
	- 11.	/1.1.0T.1D.01			9/1/19	- 9/	/30/19						
•	Facility: ENTRY POINT	(WSF ID: 00	0700)									/ >	
Nitrate And N												(RT) per yea	
	Point (Sampling Point ID)				Monitoring Period Collection Period Compliance State						S		
ENTRY POI	NT (3)				1/1/18 - 12/31/18 Complete 1/1/19 - 12/31/19								
		- 1			1/1/20 -								
		Oth	er Co	mpliance	Sched	du	les						
Compliance Sch							e Date		Ac	hieve	d Date		
SEASONAL STAP	RT UP COMPLETION					5/1	1/2019						
		Public	Noti	fication R	equire	em	nents						
				mpliance	Notice	е	<u>Publ</u>	ic Not	ificatio	<u>n</u>	PN C	ertification	
Violation/Situa				Period	Tier		Requir		Perfori	med	Due to DP		d
E. Coli M&R Vio	lation		6/12/	15 - 6/17/15	3		1/6/20)17			1/16/201	7	
	Water	System F	acilit	ty and Sar	npling	ξP	oint In	ven	tory				
Water								Tot		ad an			_
-	er System Facility			Sampling Poil	nt			Colife		opper		Stag	
Facility ID		ID .		Description			Status	Ru		ıle Tie	er Asbesto	s WQP 2 DB	PR
00600 DISTI	RIBUTION SYSTEM	4		DISTRIBUTION			Α	Y					
		DOWNST	REAM	WITHIN 5 SER	VICE CO	Ν	Α						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

ENTRY POINT

WITHIN 5 SERVICE CON

HALFWAY HOUSE WELL

Α

Α

Α

UPSTREAM

3

2

00700 ENTRY POINT

HALFWAY HOUSE WELL

22880

Schedule Generation Date: 4/11/2019 Page 1

	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e	
PWS ID					ssification	Population	Owner Type	Primary Source
СТ0900123	COUNTRY CLUB OF NEW CANAAN (HALFWAY	()			NC	Population Owner Type Primar 25 P G		GW
Local Address (where applicable)	Service	Residen	itial	Commercia	al Industria	al Combine	ed Agricultural
95 COUNTRY C	LUB ROAD	Connections			1	1		

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEW CANAAN

				Co	ntact Inf	ormation					
Name					Organization				Job Title		
Mr. William C. Eins	tein				The Cc of New Canaan, Inc. President						
Mailing Address Lin	e One		Mailing A	Addre	ess Line Two		City		State	Zip Code	
17 Turtleback Lane							New Ca	w Canaan CT 068			
Business Phone	Extension	Fax		Мо	bile Phone	Emergency Phone	Email A	ddress			
Contact Role(s): Le	egal Contact										
Name					Organization			Job Title			
Mr. Michael Roe					Country Club	of New Canaan		Golf Course	e Superint		
Mailing Address Lin	e One		Mailing A	Addre	ess Line Two			City	State	Zip Code	
95 Country Club Ro	ad						New Ca	naan	СТ	06840	
Business Phone	Extension	Fax		Мо	bile Phone	Emergency Phone	Email Address		·		
203-966-2145		203-972-2	1642				mrr185@gmail.com				
Contact Role(s): A	dministrative	Contact	"			,					

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019 Page 2

Connecticut Department	of Dublic H	oalth Dr	sinkina	Mator	Soc	rtion	
Connecticut Department Water Quality Mon			_			uon	
PWS ID PWS Name	ntoring and					or Typo Bri	mary Source
CT0900154 GRACE COMMUNITY CHURCH		Clas	NC	165	OWITE	P PI	GW
	Service	Residential	Commercia		al C	Combined	T
Local Address (where applicable) 365 LUKES WOOD ROAD	Connections	Residential	Commercia	maustri	ai C		Agricultural
	COTTTCCTIONS					6	
Towns Served: NEW CANAAN	itoring Requ	iromonts					
Water System Facility: DISTRIBUTION SYSTEM (WS		ii eiiieiits					
	F 1D. 00000)			1	rout	ino (DT) n	or augrtor
Total Coliform (3100)		Manitarina D	ariad Ca				er quarter
Sampling Point (Sampling Point ID)		Monitoring P		llection Per	riou		nce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12/3					nplete
		1/1/19 - 3/3	*			Con	nplete
		4/1/19 - 6/30					
		7/1/19 - 9/30	0/19				
Physical Parameters (PPS)							er quarter
Sampling Point (Sampling Point ID)		Monitoring P		llection Per	riod		nce Status
Select from Inventory of Active Sampling Points	1	10/1/18 - 12/					nplete
		1/1/19 - 3/3				Con	nplete
		4/1/19 - 6/30					
		7/1/19 - 9/3	0/19				
Water System Facility: ENTRY POINT (WSF ID: 0070	00)						
Nitrate And Nitrite (NOX)						=	Γ) per year
Sampling Point (Sampling Point ID)	1	Monitoring P	eriod Co	llection Per	riod	Complia	nce Status
ENTRY POINT (3)		1/1/18 - 12/3				Con	nplete
		1/1/19 - 12/3	1/19			Con	nplete
		1/1/20 - 12/3	1/20				
Water System Facility: WELL 1 (WSF ID: 59933)							
E. Coli (3014)				1	rout	ine (RT) p	er quarter
Sampling Point (Sampling Point ID)	1	Monitoring P	eriod Co	llection Per	riod	Complia	nce Status
WELL 1 (2)	1	10/1/18 - 12/	31/18			Con	nplete
		1/1/19 - 3/3	1/19			Con	nplete
		4/1/19 - 6/30	0/19				_
		7/1/19 - 9/3	0/19				
Monthly Water System Fac	cility (WSF) L	evel Mor	itoring F	Require	men	ts	
Water System Facility: ENTRY POINT (WSFID: 00700	0)						
Analyte Monitoring Requirement (Sum	nmary Type)	Operatir	ng Limit		S	amples Re	q/Month
pH Entry Point pH Monitoring (PH	IRD)	Minimur	n: 7.0 PH			4	
Start Date: 1/1/2016	Complia	nce History:	One	erating Limi	it	Monitori	ng
	Monitor	ing Period	Con	npliance Sta	atus:	Compliar	nce Status:
		ing Period 18 - 11/30/20		npliance Sta	atus:	Compliar	nce Status:

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1/1/2019 - 1/31/2019

2/1/2019 - 2/28/2019

3/1/2019 - 3/31/2019 4/1/2019 - 4/30/2019 Ν

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	Water Quality Monitoring and Compliance Schedule											
PWS ID	S ID PWS Name				Popu	ulation	Owner Type	Primary Source				
CT0900154	GRACE COMMUNITY CHURCH					.65	Р	GW				
Local Address	where applicable)	Service Residential Commercial Industrial Combin		al Combine	ed Agricultural							
365 LUKES WC	OD ROAD	Connections			6							

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEW CANAAN

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
59933	WELL 1	2	WELL 1	Α								
59939	TREATMENT PLANT											

			Co	ontact Inf	ormation				
Name		Organization	ı	Job Title					
Mr. Roy Medile	1edile Grace Farms Foundation Inc								
Mailing Address Lin	e One	ess Line Two			Zip Code				
P. O. Box 876						New Canaan CT			06840
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	Email Address		
203-920-1712						rmedile@gracefarmsfoundation.org			
Contact Role(s): Le	egal Contact		,		-	•			

C	ontac	t Role	e(s):	Lega	l Contact
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Name				Organization		Job Title			
Mr. William Stone	StonebridgeGrace Farms FoundationFacilities Director					ctor			
Mailing Address Lin	Mailing Address Line One Mailing Addres						City	State	Zip Code
	365 Lukes Wood Road			Wood Road		New Canaan CT 0			06840
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Address			
203-920-1751		203-920-	1545		203-969-4449	wstonebridge@gracefarmsfoundation.org			lation.org

Contact Role(s): Administrative Contact

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

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